Cas = 1:10-cv-01807 Document #: 4 Filed: 03/22/10 Page 1 of 4 PageID #:8

MAR 2 2 2010 Q MAY 22, 2010 Q MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

<u>Instructions</u>: Please answer every question. Do not leave any blanks. If the answer is "none" or "not applicable (N/A)," write that response. Wherever a box is included, place an X in whichever

IN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVIT

Marker & Krasny,

10CV1807

Cas: JUDGE Elaine E. Bucklo

MAG. JUDGE Arlander Keys

box applies. If you need more space to answer a question or to explain your answer, attach an additional page that refers to each such question by number and provide the additional information. Please print or type your answers. , declare that I am the D plaintiff
in the above-entitled case. This affidavit Application: I, Victor Qulley □ petitioner □ movant (other) constitutes my application □ to proceed without full prepayment of fees, or ☑ in support of my motion for appointment of counsel, or D both. I declare that I am unable to pay the costs of these proceedings, and I believe that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of my application, I answer the following questions under penalty of perjury. 1. Are you currently incarcerated? ☐ Yes (If "No," go to Question 2) _____ Name of prison or jail: _ Do you receive any payment from the institution? □ Yes □ No Monthly amount: 2. Are you currently employed? If the answer is "yes," state your: Monthly salary or wages: Name and address of employer: ___ If the answer is "no," state your: b. Beginning and ending dates of last employment: Name and address of last employer: HCSC 300 East Revolution Chicago Il 60601

Ar	e you married? If the answer is "yes," is you Spouse's monthly salary or w	vages:		0N D
	Name and address of spouse'	s employer:		
rep in "N	addition to your income stated abseat here), have you or anyone else the past twelve months from any co" in each of the categories a. thro in the twelve-month total in each	e living at the same residence of the following sources? Maugh g, check all boxes that app	received mor rk an X next	e than \$200 to "Yes" or
a.	☐ Salary or ☐ wages Amount:	Received by:	□Yes	DN0
b.	☐ Business, ☐ profession or Amount:		□Yes	DN0
c.	☐ Rental income, ☐ interest Amount:		□Yes	ΓΛΝ ₀
d.	☐ Pensions, ☐ social security compensation, ☐ alimony or Amount:	maintenance or □ child supp	ort □Yes	□ workers' ☑No
e.	☐ Gifts or ☐ inheritances Amount:		□Yes	ØΝο
f.	Unemployment, □ welfare Amount: <u>SSO awako</u>	_	□5 /200	□No
g.	☐ Any other sources (describ		☐Yes	ZNo
or To	you or anyone else living at the sa savings accounts? tal amount:	1	⊠Yes	or checking
oth Pro	you or anyone else living at the per financial instruments? operty: Volge whose name held: Vifor Gul	same residence own any stoc Current value: /OO Relationship to you	ØYes	ecurities or □No

7.	Do you or anyone else living at the same residence own any real estate (with or without a mortgage)? Real estate includes, among other things, a house, apartment, condominium						
	cooperative, two-flat, etc.		□Yes ∯No				
	Type of property and address: Current value: the difference between what the pr	Fauity	(Fauitu	. :.			
	the difference between what the pr	conerty is worth and the amount	t vou ove or it)	15			
	In whose name held:	Relationship to w	ni you owe on n.)				
	Amount of monthly mortgage or lo	an navments.)u				
	Name of person making payments:						
8.	Do you or anyone else living at th	he same residence own any au	tomobiles with a curre	ent			
	market value of more than \$1000?	- 1	☑Yes □No				
	Year, make and model: 97 Ford	d Exdour	•				
	Current value: 1000	Equity:	(Equity	is			
	market value of more than \$1000? Year, make and model: 97 food Equity:						
	In whose name held:	Relationship to ye	 ou:				
	Name of person making payments:		· · · · · · · · · · · · · · · · · · ·	_			
	or other items of personal property Property:		□Yes ∕□No				
	Current value:	Equity:	(Equity	is			
	Property:						
	Amount of monthly loan payments	3:	•				
	In whose name held:	Relationship to yo					
	Amount of monthly loan payments In whose name held: Name of person making payments:						
10.	List the persons who live with you who are dependent on you for support. State you relationship to each person and state whether you are entirely responsible for the person's support or the specific monthly amount you contribute to his or her support. If none, check here: None.						
11.	List the persons who do not live wit relationship to each person and state If none, check here: None.	th you who are dependent on ye how much you contribute mo	ou for support. State yon thly to his or her suppo	ur rt.			

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I declare under penalty of perjur 28 U.S.C. § 1915(e)(2)(A) state determines that my allegation of	es that the court	shall dism			
Date:					
			Signature o	of Applicant	
			(Print Nam	e)	
print-out from the institution(s) showing all receipts, expenditure during that period. Because the months before you have filed yo own account – prepared by each period. As already stated, you rofficer at each institution.	where he or shoes and balances law requires in our lawsuit, you institution where nust also have t	e has been in the priso formation a must attach e you have he Certifica	in custody ner's prisor s to such a a sheet co been in cus te below co	during the last or jail trust occurring transactory during	ast six months t fund accounts ering a full six actions in your that six-month
	pleted by the in			·	
I certify that the applicant named					
sum of \$					
to his/her credit:					_
average monthly deposit was \$ divide by number of months).					
Date	S	ignature of	Authorized	l Officer	
		(Print N	Vame)		